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### ORIGINAL ARTICLES.

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#### CLINICAL OBSERVATIONS.

By CARROLL DUNHAM, M. D.

(Read before the N. Y. County Hom. Med. Society.)

*Sepia* and *Murex*.—We sometimes meet with cases of uterine disorder, in which *Sepia* seems well indicated by the local symptoms, but which *Sepia* utterly fails to relieve. The patients complain, for example, of backache aggravated by standing and walking, and generally relieved by sitting or lying down; of bearing down and weakness in the whole pelvic region, sensation as if the pelvic contents were sagging into or would protrude through the vagina; sensation of relaxation in the pudenda, and more or less leucorrhœa, rather thin and somewhat irritating; aching or more acute pains extend from the loins to the hips and down the thighs, and the patient is disinclined to use the lower extremities, indeed suffers aggravation of the pelvic symptoms from exertion of any kind. I have often prescribed *Sepia* in cases presenting the above local symptoms, and no general symptoms indicating another of the ordinary remedies belonging to the same group, and been disappointed at my failure to relieve my patient. Of late, however, I have found *MUREX PURPUREA* serviceable in cases in which *Sepia* has failed, and a study of the pathogeneses of these remedies respectively, and of the cases in which the latter has failed and the former has done good, has led me to the following conclusions: Where the local symptoms are as above recited *SEPIA* deserves the preference, if the patient have habitually scanty and postponing menstruation (or, in case she has passed the great climacteric, if this used to be her habit), and if her disposition be

yielding, despondent, inclined to melancholy, with but little *pluck* to fight against pain and weakness, but much passive endurance and little sexual desire.

MUREX, however, succeeds in those cases in which, the local symptoms being the same, menstruation has been or is habitually *profuse* and *anticipating*, the temperament nervous, disposition lively, imperious, *plucky*; determination not to give up to illness, and at the same time intolerance of, or impatience under, continued pain. The same patients are apt to have well-developed sexual instincts.

These similarities and differences, if confirmed by further observation, are interesting in view of the relationship of the animals from which these remedies are procured.

#### ARGENT. NITR.

Last summer, I was obliged to prescribe for a child 8 months old, which, having had an attack of cholera infantum three weeks before, for which it had prompt and good homœopathic treatment, was still ill and presented the following symptoms:

A stool about the consistency of cream every 3 or 4 hours, not very copious, greenish yellow, not specially offensive nor apparently attended with pain. Vomiting of greenish water in small quantity and sometimes of a little milk. This occurred about every 4 hours, and generally about an hour after taking food, which consisted of milk and of beef juice alternately. The child lay in a sleep or stupor most of the time, the pupils dilated (no strabismus). For several days the urine had been becoming scanty, and its evacuation infrequent. For the last 48 hours it had passed only once in 24 hours a quantity estimated as a half ounce of urine. Face very pale, extremities cool, and the skin shrivelled. Great emaciation, of course. The father, a man of much experience with sick children, thought spasms were about to occur.

The child had been under the constant care of very excellent physicians, with whom, however, I had not an opportunity to consult. They were reported to have pronounced the case hopeless.

While several remedies might suggest themselves as suitable for this case, I knew of only one which, corresponding at all to the other symptoms, has also the *suppression of urine*, viz., ARGENTUM NITRICUM. I gave this remedy 200th, 2 pellets every 4 hours, and made no change in diet, or regimen, or locality. During the ensuing 24 hours, urine was passed twice and in larger quantities. At the end of the third day all the symptoms had disappeared, and the child rapidly gathered strength and flesh, and became and continues well.

It is an interesting fact that while most of the provers of ARGENT-NITR. report as *first* (and only) effects, increased frequency of micturition with pain, strangury, etc. ONLY THOSE who proved it in the 30TH POTENCY report diminished frequency of micturition and diminished quantity of urine. I refer to the *Austrian provers*.

NOTE.—See vol. 2, p. 161, *Phil. Journal*, for Dr. Goding's confirmation of "suppression of urine" in yellow fever, also vol. 3, p. 430, same journal—Dr. Oliphant in same disease. A. K. H.

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### POISONING BY AILANTHUS GLANDULOSUS.

Mrs. K., then in her climaxis, and for many years a sufferer from gastric derangement, called Dr. Meschter, complaining of symptoms which she referred to her "dyspepsia."

She had a pale color of the face, a dry skin, coated tongue, pains in the hypogastrium and hips, jaundice, and tenderness over the hepatic region, constipation, suppression of urine, and an accelerated pulse. Ordered bitters and a diuretic tea.

Next day the patient was no better, and the doctor found in addition the youngest daughter sick in bed with the same symptoms. Both mother and daughter got sicker from day to day, vomited repeatedly, and complained of constant violent increasing pain in the stomach. Then the second daughter became ill, and presented identical symptoms. The father, who was at his work all day away from home, remained well for some time, but at last was affected precisely like the others, though he was not obliged to keep his bed. The doctor suspected poison until, by chance, he learned from a neighbor that the brook water tasted so badly they could use it only for tea and coffee. The roots of an *Ailanthus* extended into the water and imparted their flavor to it, which, during the hot weather, became so strong that the water could not be used for drinking. The inference that the impregnation of the water with the *Ailanthus* principles caused the symptoms was substantiated by the fact that after discontinuing the use of the water the family remained well.—DR. G. K. MESCHTER, *Phil. Med. and Surg. Reporter*, Feb., 1872.

#### *Ailanthus Glandulosus in the Treatment of Dysentery.*

M. Robert, Surgeon-General of the Naval Divisions of China and Japan, communicated the very remarkable results which he has recently obtained in the treatment of dysentery by *Ailanthus* glan-

dulosus: results which in the hot climates are superior to those gotten from Ipecac., Calomel, astringents—either alone or in combination with opiates—or from “le methode lactée.” *The bark of the root* is the only part used. An infusion is made by finely triturating 50 gmms. of bark in a mortar, adding hot water—about 75 gmms.—and triturating again. A teaspoonful of this is given either alone or in a cup of tea, morning and evening. The medicine is given for three days, the patient being kept fasting; then beginning with panada and gradually resuming ordinary regimen. If the dysentery is not cured within eight days the treatment may be repeated.

The infusion is excessively bitter, and its administration is always followed by nausea; if the dose is increased beyond two spoonfuls vomiting is produced.

M. Robert's treatise concludes with two series of observations—four cases in which the *Ailanthus* was given with other remedies, and two in which it was exhibited alone. In all the cases recovery took place in from eight to ten days, and in one instance only was it necessary to repeat the course.—*Archives de medicino navalo, Fevrier, 1874, p. 107.*

*Ailanthus Glandulosus in Intermittent Fever.*

DR. DELFRAYSSE.

Three cases of intermittent fever are reported cured by the juice of the *Ailanthus glandulosus*. The bark was cut transversely and the milky juice mixed with water (6 gmms. with 100 gmms.) and sweetened. The mixture was given during the apyrexia.—*Gaz. des Hôpitaux*, 141, 1856.

T. F. A.

[The case of poisoning from the impregnation of the water of a brook may occasion some hesitancy in regard to the acceptance of Dr. Meschter's conclusion. We are free to avow that we do not partake of this; that we receive these additions to the symptomatology of this potent remedy with the fullest confidence. The reasons for this confidence it may not be out of place to state.

A study of the provings of Drs. Alley and Minton will soon inspire the conviction that the *Ailanthus glandulosus* did not receive its full pathogenetic development in their experiments. The similitude of the choleraic attack which is induced by it requires urinary symptoms to round out its completeness, and no proving, either designed or accidental, has furnished a single recorded urinary symptom until we



come to the one noted by Dr. Meschter. So impressed were we with this hiatus, that after having compiled all the symptoms we could find in our Ailanthus records, we wrote to several physicians of our school, affirming that the pathogenetic role of this remedy was incomplete in this respect, and that *suppression of urine* would surely be induced by it. This statement is now made, not to parade any all-knowingness on the part of the writer, but solely as an encouraging instance of the value of the "internal evidence" of a proving. It was from such testimony that Helbig detected the forgeries of the notorious Fickel *alias* Heine.

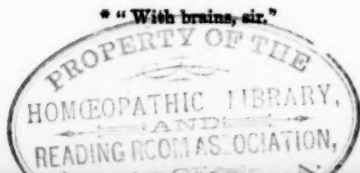
All the provings and poisonings of Ailanthus Glandulosus demonstrate its action upon the sympathetic. In the case of the daughter of Dr. Wells a peculiar but profound paresis of the sympathetic was induced by it. His masterly delineation of the poisoning lacks one symptom of the pathological completeness of such a paresis. The reason that it escaped his observation is found in the *drowsiness* of the patient; the condition of the pupil being hidden by the eyelids. No voluntary proving supplies the omission: *dilatation of the pupils*. The *usus in morbis* will enable us to fill up the blank, and in making up the *resumé* we took the symptoms, "*pupils dilated and sluggish*," from Dr. Chalmers' clinical cases, and put in the italics with intent to swear by them. Such pupils would have been found under the lids of Dr. Wells's child; they will be found again when any heroic prover will push the drug to the same extent. So much, then, for symptoms derived *ab usu in morbis*; despite all cavilling they are trustworthy; they only need selecting as Opie mixed his paints.\*

The provings of Drs. Alley and Minton especially denote the action of this remedy upon those important integers of the sympathetic—the splanchnic nerves, of which a marked paresis obtains. Now let us tarry a moment to pay a just tribute to the splendid insight of Constantine Hering. In the *MS.* which he gave to Dr. Lilienthal he wrote:

"If odor gives any indications, Ailanthus should prove a good remedy in malignant puerperal fever."

[If you meet this masterly deduction in the "clinical indications" which are so profusely supplied by some compilers, remember that it belongs to "C. Hg." I mention this from a sense of justice, and because I have seen the name "Hale" surreptitiously pinned to it,

\* "With brains, sir."



and I do know that Hale is only an "accessory after the fact" in at least this instance.]

In paresis of the splanchnic nerves we have the intestinal vasomotor status which obtains in cholera and in choleraic conditions. Suppression of the urine is an element of the symptomatology of these diseases, and in either disease the patient is not safe until the renal functions are re-established.

The generally received pathology of suppression of urine is excessive blood pressure in the kidneys. A consideration of the diuretic efficiency of Apocynum Cannabinum will enable any one to establish this view by reasoning from the therapeutic side. Apocynum is an hæmostatic; a vegetable remedy, which is not an "astringent," is an hæmostatic by virtue of such an action upon the vasomotor nerves as produces contraction of the blood-vessels. Hence the efficiency of Apocynum in suppression of urine from renal congestion.

We do not believe the above pathology of suppression of urine to be correct, and we base our disbelief upon the pathological anatomy of the kidney in cholera, and in scarlet fever. The details will not be stated here; they are reserved for another occasion; now we shall only call attention to the fact that when suppression of urine is noted in these diseases, the kidneys present similar appearances, namely: The Malpighian bodies are neither ruptured nor distended; the cortical portion is pale, or of a dirty yellow; the medullary portion, especially *near the base of each pyramid*, is of a dark claret color. That is, there is a marked anæmia of the urine-excreting territory of the kidney, and an hyperæmia in the very region where the Malpighian bodies either are not, or occur but sparsely.

The demonstrated efficiency of Ailanthus in scarlet fever for one premise, and the pathological anatomy of the kidney in this disease for another, necessitate the conclusion that Ailanthus will induce suppression of urine. The same reasoning applies in the instance of cholera Asiatica, morbus, and infantum. In all severe cases of all these diseases albuminuria is also a factor, and it will yet form a factor in the pathogenesis of this remedy.

Most deeply do we feel that the capabilities of Ailanthus Glandulosus plead earnestly for an exhaustive proving of the remedy.

GEN. ED.]

## SURGERY—A SUCCESSFUL OPERATION FOR IMPERFORATE RECTUM.

BY WM. TOD HELMULTH, M. D.

There are several varieties of imperforate rectum, all of which are more or less serious in character, and which very often terminate fatally, even after the best known means have been resorted to for preserving life.

There cannot be a doubt, that there are hundreds of children who die yearly from the malformation in question; how many of whom might have been saved by appropriate treatment, it is impossible to say.

It is a question, however, in my own mind, whether (if life may only be saved by the formation of an artificial anus) it is not better to allow the little sufferer to die rather than drag on a miserable existence, with such a loathsome and disgusting affliction—"an artificial anus."

There are several classifications of this malformation, and as the affection is rather rare, and attention is not very frequently called thereto, I shall give them here: Mr. Holmes divides the cases of imperforate rectum into two classes. The first embraces those in which no anus exists (imperforate anus properly so called); the second, those in which there exists an anal opening, which terminates in a short *cul-de-sac*. These are again subdivided.

The former class (imperforate anus) into: 1. Membranous obstruction of the anus. 2. Complete or partial absence of the rectum. 3. Communication of the rectum with the vagina in the female. 4. Communication with the urinary tract in the male. 5. External communication or fistula. The latter (imperforate rectum) may be subdivided: 1. Membranous obstruction. 2. Deficiency of the upper portion of the rectum.

Mr. Curling, who has given this subject a great deal of attention, makes a mere simple classification thus:

Those cases in which there is complete closure of the anus,—the rectum being either in part or entirely wanting. Second, those cases in which there is nothing but a *cul-de-sac*, surrounding the anal opening; in the third variety there is no anus, but the rectum terminates in the bladder, vagina, or urethra.

An imperforate anus properly so called is much sooner recognized than an imperforate rectum, for the reason that the latter is not so

easily recognized, and the patient continues to suffer, the causes of indisposition not being rightly understood, and, indeed, death may ensue without either physician or attendants being aware of the true nature of the malady.

It is from a knowledge of these facts that every child should be examined carefully on the second day, if there has been no movement of the bowels. In such an examination the practitioner should not be satisfied with the fact that the anus is open, but should institute an exploration with his finger to ascertain as to the viability of the rectum.

In many of the cases of imperforate rectum, the intestines terminate in a blind pouch, which may either be high up or low down, or connected with the anal *cul-de-sac* itself. On this point Mr. Bryant says: "It seems possible from Curling's and MM. Goyraud and Friedberg's observations, that such cases are caused by an obliteration of the bowel, which was originally well formed, from some intra-uterine inflammatory action. Some instances being recorded, where the muscular tissue of the intestine was clearly traced."

When the anus is nearly closed by membrane, the constipation, and the "*bulging*" at the anus, at once show the nature of the malformation; a simple incision generally suffices. If there is no bulging and the anus is firmly closed, then it is proper to make an exploratory incision, beginning at a point about where the centre of the anus should be, and carrying the knife *backward* toward the sacrum—forward incisions endanger the bladder, vagina, and other important organs.

In cases of imperforate rectum, the following method may be successful, if the gut can be reached; this latter is the chief point of difficulty in the operation.

On the 3d of March I was called by Dr. Richardson, of Williamsburgh, to see a child, thirty-six hours old, who the doctor informed me had an imperforate rectum. As there was no time to be lost, I went immediately to the house, and found an infant, healthy and plump-looking, born a day and a half previous, but with enormously distended abdomen, the convolution of the intestines being distinctly seen. The child had passed urine once since its birth. A peculiar feature in this case exists in that the parents had had another child born with a similar malformation, who had been operated upon, and had died. They had, two weeks previously, lost two children with measles, and necessarily were in an excited and despairing frame of mind.

Upon inserting my finger into the anus, I felt a *cul-de-sac*, which

fitted over the end of the finger like a thimble. This I tore away, and then proceeded to search for the gut. It was entirely beyond my reach, and the finger moved about in vacancy. I then divided the sphincter toward the sacrum for about half an inch, to give more room; and, upon again introducing my finger, I could just touch the intestine, but could not, by any means, "hook it" sufficiently to draw it down. By placing a very small hook flat-wise on the forefinger of my right hand, I pushed it through the anal orifice, and, by using the left hand as a manipulator, and the right as a guide, succeeded in hooking the intestine, and drawing it down. The amount of traction required to do this was surprising; indeed, I was fearful that the instrument would tear out. So soon as I had drawn the gut outside the anus, I passed a needle, threaded with a double silk ligature, through it, and then let it retract again into the cavity of the abdomen. With a few strokes of the scalpel, the margins of the anus were then scarified. By making traction on the ligature, the gut was again brought into sight, and held outside the anal aperture by Dr. Richardson, until I had stitched it to the margins of the anus. So soon as this was done, I cut off with a scissors the "blind end" of the intestine. The amount of feces that were discharged seemed almost incredible; indeed, several times during the operation, we were obliged to stop proceedings, on account of feces issuing from the punctures made by the hook and the needles.

This operation was a complete success. On the third day the anus had to be dilated with the finger, and since then there has been no further trouble. The father of the child called upon me a few days ago, stating that the child was thriving, nursed and slept well, and had natural and free evacuations from the bowels.

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### SURGICAL NOTES.

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#### GILCHRIST'S THERAPEUTICS.

If the law "*Similia Similibus*" is true at all, it is true of surgical as well as medical diseases. We have no doubt (and to the fact plead guilty ourselves) that the constant and often very successful treatment of surgical diseases by operations, rather tempts the surgeon to stray from the paths of medical treatment, and consequently from the study of *materia medica*.

A tumor, for instance, is presented for treatment; the temptation is to cut it out immediately, whereas there can be no doubt, that as

a rule the better method would be to endeavor to discuss it by appropriate internal medications ; at all events to give medicine a fair trial before resorting to the knife. In several instances we have known, in our experience, of tumors which have been removed by medicines administered according to our law of cure.

Dr. Gilchrist is a champion for the latter method. He is the truest "Homœopathic Surgeon," although we dislike that name, with whom we are acquainted.

And as he has said, each year he operates *less*, and relies *more* on medication in surgical cases.

His book, with which all who know the *Investigator* must be familiar, does certainly contain a very great variety of symptoms for the selection of medicines in the treatment of surgical diseases, and evinces not only a good deal of labor, but a good knowledge of materia medica—not only are a vast number of symptoms tabulated and arranged, but the amelioration and aggravation of such are noted. It is very evident that he desires even to avoid the appearance of prescribing for the *names* of diseases, as he first gives a brief summary of the *class* of disorders which he desires to treat and then the symptomatology, as bearing on the class, and not on specific varieties. Thus one of the very best chapters in the book is that of "surgical diseases of the spine." It begins with a short account of injuries of the column, embracing fracture, compression, and concussion, etc. Then follows a description of "caries of the spine," "lateral curvature," "spina bifida," and "myelitis." Under each of these headings is described whatever mechanical treatment may be necessary. Thus under "lateral curvature" the author writes: "It appears to me useless to attempt to cure this deformity by medicine, unaided by mechanical appliances. There is a variety of good apparatus, each one possessing advantages in certain cases, so that the choice of one must be determined by the peculiarities of the case," etc. Under "spina bifida" we find: "My course of treatment would be to keep up continuous pressure on the mass, so that it be all returned into the cavity of the spinal canal, and then endeavor to procure a natural closure of the opening by the use of appropriate remedies." At the end of chapter there is a grouping of remedies for each particular disease, which is followed by a record of symptoms of each medicine as belonging to "surgical diseases of the spine." This book supplies a great deficiency in our literature, and Dr. Gilchrist shows himself to be a thorough Homœopathician as well as a good surgeon.

In the *Medical and Surgical Reporter* for March 28th, is an interest-

ing paper, by S. Fleet Spier, of Brooklyn (whom we have had occasion to thank for his "Constrictor" on more than one occasion), on two cases of aneurism of the abdominal aorta successfully treated by the administration of gallic acid and the sub-sulphate of iron.

In the first case growth presented the usual symptoms (bruit, and synchronous expansion with cardiac pulsation) of abdominal aneurism, and was supposed to be near the celiac axis. The patient was put upon half drachm doses of Gallic acid, three times a day before meals, alternated with five minims of the Solution of Liq. Ferri, Sub-sulph. The tumor soon underwent a marked change, becoming much more solid. The patient, however, died suddenly from rupture of the aneurismal sac. The post mortem examination revealed the fact, that "the whole interior of the sac of the aneurism was filled by firm layers of coagulated fibrine, which gave evidence of having been recently deposited. This fact induced Dr. Spier to use the same treatment in a similar case. The medication began about the first of July, and on Oct. 10th the patient was "discharged cured."

The medical treatment of aneurism presents a wide field for investigation, and such cases as above recorded prove beyond doubt the action of certain drugs, when administered by the mouth, in coagulating the blood in aneurismal tumors.

Albertini and Valsalva are said to have been the originators of the so called "medical treatment" of aneurism, but their method was more hygienic than medical.

Large doses of Iodide of Potassium have been efficacious in the hands of Cluckerbutty of Calcutta, and we think others have tried, with some degree of success, the Acetate of Lead. Could we find the appropriate homœopathic remedy for each case, would there be a cure? Or is there a certain chemico-vital action to be set up to produce coagulation? These are important questions.

"*A real remedy for Onychia Maligna.*" Such is the heading of an extract in a recent Medical Journal. The remedy is the Nitrate of Lead.

Prof. Van Zette has published a monograph on this rather intrac-table and painful affection, and mentions eleven cases, all of which were speedily cured by applications of this preparation. It seems that Dr. Moorloose, of Gand, was the first to call attention to the action of this drug in 1864, and it was afterward mentioned by Trouseau and Pidoux. Dr. Madison Marsh has also called attention to the value of the Nitrate in such affections.

The salt, in powder, is to be applied, some of the cases requiring one application, others more repeated trials.





## OPHTHALMIC THERAPEUTICS.

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By T. F. ALLEN, M. D.

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(Continued from page 65.)

*Argentum Metallicum.*

*Symptoms.*—Afternoons, a transient but severe stitch in the left internal canthus, as from a coarse needle. Frequent stitches in the canthi of both eyes. Afternoons, a perpendicular single stitch through the skin and cartilage of the left upper lid. Afternoons, frequent fine stitches in the canthi of the left eye, with itching which calls for rubbing. *Violent itching in the canthi.* Sticking itching in the canthi, evenings, in bed. \* *Margins of lids very thick and red.*

*Clinical.*—This remedy has proved useful in the case of blepharitis, relieving, in some cases, the severe itching in the lids and angles of the eye. One case of stricture of the lachrymal duct improved very rapidly under it, and continued to improve till lost sight of. (Compare the violent itching of this drug with *Zincum*, which has it in the internal canthus, very marked.)

*Argentum Nitricum.*

*Objective.*—\* *The conjunctiva becomes injected, swollen, and infiltrated; \*scarlet redness;* extends from the inner canthus over the eye to the cornea. \* *The caruncula lachrymalis is swollen, and looks like a lump of red flesh.* \* *Profuse mucous discharge* in the morning on waking, with dulness of the head, especially in the forehead and root of the nose. The margins of the lids are thick and red; the canthi are red and sore.

(From the local application of this drug, most violent inflammation of the conjunctiva of the lids and ball ensues, with profuse muco-purulent discharge, which is not excoriating to the lids.)

*Subjective.*—Pressive pains in the eye, deep, as if the eyes were too full, especially mornings. Burning, and sensation of dryness in the eyes; in the morning, on waking, the eyes can only be opened with great difficulty. Burning, biting, and itching in the eyes, especially in the canthi. Heat and pain in the ball on motion and touch.

*Vision.*—Letters become blurred, while reading or writing; can

only read when the reading is held at a distance. Vision as through fog; even the candle-light seems enveloped in fog; the fissure of the lids is contracted, and he has to wink often. Dimness of vision, with anxiety; heat of the face, and lachrymation.

In twilight, sensation of sudden blindness must make exertion with wide open eyes to distinguish objects, with dilated pupils; only partly benefited by candle light. Fiery bodies and flashes like lightning, mornings, in twilight. \**Tortuous bodies* and grey points move in the axis of vision.

*Conditions.*—\**The inflammation is better in the cool open air, is unendurable in a warm room, and is associated with occipital headache, or pain in the root of the nose, or burrowing pain in the supra-orbital region.*

*Clinical.*—Nitrate of silver has been very freely employed by empirics as a remedy for various diseases affecting the conjunctiva and cornea; it is now, however, quite going out of fashion, and being replaced by preparations of copper. Nitrate of silver is not homœopathic to granular lids in the later stages, but is the appropriate remedy in the early stages of acute granular conjunctivitis, when the conjunctiva is intensely pink or scarlet red, and the discharge is profuse and inclined to be muco-purulent. The lids are not much swollen (as in purulent ophthalmia), but the inner margin of the lid shows a brilliant pinkish hue. Although these cases may be confounded with *euphrasia* cases, there is a very wide difference, more easy to recognize than to describe. In *euphrasia*, the profuse discharge causes soreness of the lids, and more or less swelling, the character of the inflammation is more acute and short-lived; as a rule, the redness is much less brilliant. In Nitrate of silver cases we may indeed have very little discharge, only flakes of mucus, when the patient complains of itching and biting in the eyes and a dry burning sensation without real dryness. (*Cantharis* has intense heat and real dryness; *Sulphur* is very often indicated in these dry conjunctival catarrhs, especially if there be sharp sticking pains under the lids as if splinters were sticking into the eyeballs. Compare also *Graphites*, *Natrum sulph.*, *Nitric acid*, etc.) The greatest service that *Argent. nitric* performs is in *purulent ophthalmias*.

In eight years of ophthalmic hospital and private practice I have not lost a single eye from this disease, and every one has been treated with *internal remedies*, most of them with *Argent. nit.* of a high potency, at least the 30th or 200th. (Some have required other remedies, especially the form *ophthalmia neonatorum*). I have witnessed the most intense chemosis with strangulated vessels, most

profuse purulent discharge, and cornea beginning to get hazy and looking ugly as though it would slough, subside gracefully under *Argent. nit.* internally. I do believe there is no need of cauterization with it, for that method does not save all cases by a great many (the eyes must be kept cleansed with milk and water and not allowed to soak in the pus; this rule is a good hygienic one for all such and similar diseases of mucous surfaces). The subjective symptoms are almost none; their very absence, with the profuse purulent discharge and the swollen lids, swollen from being distended by a collection of pus in the eye or swelling of the sub-conjunctival tissue, and not from interstitial infiltration of the connective tissue of the lids themselves (as in Rhus or Apis), indicates the drug.

This drug has relieved and contributed to the cure of diseases with destruction of tissue, as *ulcer of the cornea*, in one case with pains like darts through the eye mornings, better evenings; *kerato-iritis*, with severe congestion of the conjunctiva; a vascular eroded cornea, and terrific pains from the vertex into the eye, with burning heat in the eyes. Coldness in the eye, with boring pain in the head, and a sensation as if the scalp were drawn tightly, has been removed by *Argent. nit.* (*Alumina* is often indicated with coldness in the eye; *Crocus* has a draft of cold air through the eye; *Berberis* has a sensation of drops of cold water under the lids.) With the *Argent. nit.* eye cases we sometimes meet with trembling of the whole body, and headaches.

A very interesting case, illustrative of the optical illusions of this drug, was reported to me by Dr. Liebold; the young man was totally blind from a cerebral trouble associated with loss of virility; was perfectly sane, but constantly complained that he seemed to see trees and people and green fields, etc., but everything was covered with *snakes*, writhing and twisting in every form; snakes over his body, over his food; snakes, of all sizes, everywhere; he would sit for hours and contemplate these snakes he seemed to see; sometimes he saw bugs. I had suggested *Stramonium*, which did no good. Dr. L. found in Berridge's repertory, under "tortuous bodies," *Argent. nit.*, among other remedies; it at once removed the snakes, but did not, of course, restore vision.

(To be continued.)

## ON SAMBUCUS IN ALBUMINURIA.

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By SAMUEL A. JONES, M. D.

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In *Hay's American Journal of Medical Science*, p. 47, July, 1869, Dr. McNutt details three cases of Albuminuria, which were cured by an infusion of the inner bark of the elder in hard cider. In noting this, the English *Practitioner* says: "The only question here is, whether the acid cider is not the active agent."

The first of Dr. McNutt's cases was a lady of 75, suffering from chronic Bright's disease. The second, a child aged 7, in whom the albuminuria was due to exposure to cold. The third was an instance of post-scarlatinal albuminuria.

The significance of this experience has induced the writer to collect the empirical history of the elder as corroborating testimony.

In the Anglo-Saxon translation of so much of *Dioscorides* as is appended to the *Herbarium Appuleii*, the table of contents reads:

"1. For water sickness and non-retinence of the mie [urine], and stirring of the inwards."

The text is: "For water sickness—that is, dropsy—take this wort, which is named *σάμψυχον*, and by another name elder; administer to drink boiled; it checketh the beginnings of the disease for the dropsical. Also, in like manner, it is beneficial for inability to pass urine, and for stirring [*i. e.* griping] of the bowels."

Five hundred years later, *Dodoens* writes: "The seeds, especially the little flatte seede, dried, is profitable for such as have the Dropsie."

*Gerarde* copies the above, and adds: "The inner and green bark doth more forcibly purge; it draweth forth choler and waterish humors, for which cause it is good for those that have the dropsie, being stamped, and the liquor pressed out and drunke with wine or whay."

*Parkinson* tallies with his predecessors in regard to the virtues of elder. He says that, "the berries, either greene or dry, are often given with good successe to help the dropsie, by evacuating great plenty of waterish humors; \* \* \* the bark of the roote worketh the same more effectually; \* \* \* the jayce of the roote taken provoketh vomit mightily, and purgeth the watery humors of the dropsie."

At this day *Sambucus* was undoubtedly a notable simple, for Par-

kinson devotes one and a half large folio pages to an enumeration of its "virtues."

Langham's "Garden of Health" claims attention as being the work of a "Practitioner in Physicke" rather than that of a profound *herbarist*. His volume consists of a series of prescriptions wherein the simple is ordered sometimes alone, but oftener in combination.

"Dropsie, seethe the roots, and drinke the roots at morn, noone, and even, to cure it properly. The leaves sodden in wine, and taken before meat, helpeth the dropsie. *Feet swolne, bathe them in the decoction of the leaves.* Use the middle barke of eldren to cure the dropsie, but *if it have continued a yeere it is hardly curable.* Dropsie and oppilation of the liver, distill the flowers in Balneo Mariæ, and drinke three ounces morning and evening.

"For the windie dropsie,\* mixe two ounces of water of the root of Danewort † with foure ounces of Elderne, and drinke it thirty mornings together, early in the morning."

From Langham we get the first hint of a sudorific quality in *Sambucus* :

"To cause sweat, lay some of the leaves and flowers under the neather sheet."

*Coles*, the author of "Adam in Eden, or the Paradise of Plants," may be cited to show the fanciful "signature" of Elder.

"The *Pith* of Elder being pressed with one's finger doth *Pit* and receive the *Print* of them therein, as the *Legs* and *Feet* of *Hydropick* persons doe ; therefore (saith *Crollius*, that excellent author, in his book of *Signatures*), the *juice* of Elder, and the distilled water of *Jews-Ears* are profitable in the Dropsy, which is a Disease for the most part caused by a coldness of the *Liver* ; because the *Blood-making Faculty* being vitiated and corrupted, many *watery humors* fall into the *abdomen* or belly between the *skin* and *flesh* ; for the removing which *Elder* is of great Vertue."

\* I quote from a contemporary in elucidation of this term.

*Of the Dropsy Tympanites.*

"In this kind of dropsie the belly is puffed uppe and stretched out ; and being stroken, it maketh a noyse like a tabour or a timbrell, but the other partes of the body wax leane. It requireth like diet that the other kindes of dropsies have ; but in this all windy things are especially to be avoided."—*The Methode of Physick*, p. 125. By Philip Barrrough. London, 1583.

† Danewort—i. e.—Dwarf Elder.

From these notes one can discern resemblances between *Sambucus* and *Apocynum cannabinum*: both act as diuretics, and if pushed, derange the stomach. More elaborate provings of each of these remedies will reveal many other parallelisms. The sudorific action of *Sambucus* in connection with its diuretic quality, indicates that *Apocynum can.* is also sudorific. In *A. Androsemitifolium*, we have "Profuse sweating all night, with coldness of the skin. Great sleepiness, with profuse sweating." A similar sweat-producing power will yet be found in *A. Cannabinum*.

This assertion is based upon an analysis of the researches of M. Peyrani into the influence of the sympathetic nerve upon the secretion of urine. Stimulating the sympathetic in the neck with either continued or induced currents, increases the secretion; while section of the nerve reduces it to a minimum. It is again augmented if the peripheric end of the nerve be stimulated.

These results of physiological experiment are borne out by the pathology of the febrile rôle. Without paresis of the sympathetic, fever cannot be. When paresis of the sympathetic obtains, there can be no sweating until the nerve regains its tone. Excessive tonicity of the sympathetic gives the chill stage. Somewhere, then, between excessive tonicity (constriction of the blood-vessels) and paresis (dilatation of the vessels), lies the condition giving diaphoresis and diuresis.

It is evident that the peculiar "action" of *Sambucus* (and of *Apocynum*) depends upon the size of the dose—I speak now of its physiological action; and we can see this exemplified in the ancient use of Elder to purge the "waterish humors." Their large doses had produced paresis of the splanchnic nerves, hence the catharsis. I have seen *Apocynum* produce a similar condition, and when it was reached the desired diuretic effect ceased. The dose for kidney work is far this side of that for catharsis.

From such considerations we are enabled to determine the primary and the secondary action of *Sambucus* by an examination of its pathogenesis. For instance, in the Syntomen Codex we may read: "At first the pupils are very much contracted; afterwards, very much dilated." From the experiments of Budge and Waller we know that the first condition means stimulation, and the second (dilated pupils) paresis of the sympathetic; for in their researches galvanization of the sympathetic contracted the pupil, while section of the nerve dilated it,

Then, the "chilliness over the whole body" of *Sambucus* is a

primary effect, and the "intolerable dry heat all over the body," the so-called secondary action.

According to Hale's law of dose the "intolerable dry heat all over the body" of *Sambucus* calls for large doses of a low potency of this remedy, but, alas, at the bedside the 200th dilution is illogical enough to do the cure-work *cito, tuto(!) et jucunde!*

I once heard a physician laughing heartily at a reported cure of intermittent fever with *Sambucus*—perhaps even these crude notes may show him that the remedy does its work through the very nerve-sphere by which and through which the fever is.

Dr. T. Y. Kinne, of Paterson, N. J., has informed me that he has more than once successfully treated acute albuminuria with *Sambucus* 200. Let the remedy be borne in mind : its record is significant ; its results may substantiate its ancient renown.

In the above I have confined myself to the reputed merit of *Sambucus* in dropsy, but I would not it should be thought that this is its only virtue. Coles says :

"Should I give you all the *Vertues of Elder* at large I should much exceed the usual limits of a chapter, and therefore I shall only give you a *Breviat* and refer you to that learned piece of Dr. Martin Blockwich called the *Anatomy of Elder*,\* when you may satisfy yourself perfectly of every particular. There is hardly a *disease* from the *head* to the *foot* but it cures."

In "that learned piece" above mentioned its author says "that even common country women, so soon as they suspect *any disease in the throat of their young children*, steep the sponge of Elder in their drink, and when it is swelled they therewith *carefully wipe away all the filth of the palate, gums, and tongue.*"

"Hoarseness, occasioned by a quantity of viscid, tenacious mucus in the larynx. *Suffocative paroxysm*, like *Asthma Millari*," says the *Symptomen Codex*. Is there anything new under the sun?

I must not put aside the pen without letting *Coles* tell us what the *Sponge of Elder* is :

"It is called in *Latine Fungus Sambucinus* and *Auricula Judæ* ; some having supposed the *Elder-tree* to be that whereon *Judas* hanged himself, and that ever since these Mushromes, like unto *Eares*, have grown thereon, which I will not persuade you to believe. It is called in English *Jewes Eares*, the *Mushrome* of the

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\* Our confreres in London can find a copy of the work in the library of the Royal Medico-Chirurgical Society. *Anatomia Sambuci. Martin Blochivitiu. 12mo. Lipsie, 1613.*



Elder ; by some the Gelly, and by others the *Sponge* growing upon the Elder. \* \* \* \* \* Being dried, it becomes of a blackish gray color, and may be kept a whole year or more, safe without spoiling, to be used as you need."

P. S.

Since writing the above, I have read Dr. McNutt's paper, having known it previously only through *The Practitioner*.

The old lady, aged 75, was suffering from general dropsy, the result of chronic Bright's disease and "many months" of orthodox treatment had been fruitless. At the time of resorting to the elder and cider, hydrothorax and œdema of the lungs obtained. The patient had a rapid convalescence, and "had never been sick since," up to the time of the Doctor's writing—some three years.

The second case presented symptoms which I place on our record. Limbs swollen (for some weeks previously). Face quite puffy, pitting on pressure. Rheumatic feeling in her limbs. Whole cutaneous surface was quite pale; appetite not bad; bowels constipated; urine scanty and high-colored; in the course of the case, uræmic coma and convulsions supervened; there also "seemed to be considerable hydrothorax and œdema of the lungs." Heat and nitric acid showed a large amount of albumen in the urine, which was smoky-colored, showing traces of blood, and on standing a few hours deposited a large amount of sediment.

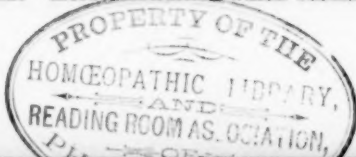
In concluding his brief paper Dr. McNutt writes :

"I believe, however, that the *Sambucus Canadensis* will be found of use only in cases of albuminuria, not complicated with cirrhosis of the liver or structural lesions of the valves of the heart. Its action, so far as I have tested, is only to correct that morbid condition which results in the elimination of albumen by the kidneys. There is one remark worthy of note, and that is, that whatever may have been the structural changes in the kidneys, recovery in all the cases has been complete, and the cases seem to have been exempt from ordinary ailments since."

The 16th and the 19 century conflict, for Dr. Langham, as we have seen, advised Elder in "Dropsie and oppillation of the liver." The same authority also says of a dropsy "if it have continued a yeere it is hardly curable."

However, Dr. McNutt's view is also our own, for confirmed cirrhosis (hepatic or renal), and valvular defects of the heart are beyond the sphere of the vaso-motor system, because they are organic conditions and not functional derangements.

What is that "morbid condition which results in the elimination



of albumen by the kidneys?" It is not such a change in the constitution of the blood as facilitates the filtration of the albumen through the thin walls of the tufts Malpighian bodies. Robinson's experiments, Med. Chir. Transactions, vol. xxvi., p. 51,\* solve the secret of renal albuminous extravasations, and show that increased blood-pressure is the condition occasioning them. But the constitution of the blood is also so changed by incomplete depuration (?) that the vital fluid itself induces such a degree of vaso-motor paresis as gives that blood-pressure in the kidneys which determines the escape of albumen.

We are now met by this question: Does Sambucus do its work by changing the constitution of the blood, or is its action that of a vaso-motor tonic? I am disposed to adopt the latter view, and from it should hardly expect benefit from Sambucus in a case of chronic Bright's disease. All of Dr. McNutt's cases lack that *sine qua non*, a microscopical examination of the urine, and the case of the oldest patient has simply a significant hopefulness for the physician.

As a "simple" we physicians are apt to regard Sambucus as too simple a remedy to be employed in a form of disease which demands the more life-destroying Copper, Arsenic and Phosphorus for its treatment. Do we not make a mistake in this? We may get a reproving hint from a cure of "Bright's disease" with Kalmia,† by Dr. B. C. Macy (now "gone over to the majority"). Singularly enough, *pains in the lower extremities* led to the use of Kalmia in this case, and "rheumatic feeling in her limbs," obtained in one of Dr. McNutt's cases.

While I do not share the assurance which Dr. McNutt expresses in the following words: "I would now approach a case of albuminuria with as much confidence of curing it, by the means used in the cases here given, as I would an ordinary ague, by means of Sulphate of Quinia," I commend the remedy to the earnest consideration of every homœopathic practitioner in recent cases.

That the cider is a necessary factor, I do not for one moment imagine. Stillé, in his *Therapeutics and Materia Medica*, says: "That Sydenham, Boerhaave, Gaubius, Desbois de Rochefort, Hospital, Bonnet, Bergé, Mallet, Reveille-Parise, and Fauvre have used the inner bark of the Sambucus with success in many cases of dropsy. Of all these authorities, only the works of Sydenham and of Boerhaave are

\* "Researches into the connections existing between an unnatural degree of compression of the blood contained in the renal vessels, and the presence of certain abnormal matters in the urine."

† American Homœopathic Review, Vol. III, p. 364.

at my hand, and I append their prescriptions for the use of Sambucus.

R. Inner bark of the Elder (scraped from the wood) three handfuls.

Boil in equal parts of milk and water, from two pints to one. Strain. Take one-half of the strained liquor every morning, and the other every evening, until recovery.

(Sydenham).

Take of the fresh-expressed juice from the middle bark of Elder ʒj. Syrup of Violets ʒss.

For one dosé.

(Boerhaave).

In giving the treatment for dropsy of the chest, *Burserius* says: "The inspissated juice of the berries of Dwarf Elder, without producing acrimony and heat, is reported by several to have proved serviceable by rousing all the excretions." [Tissot cited as the authority].

Singly it did the work for them, and singly it will do it for us, the *Practitioner* to the contrary notwithstanding.



### TANGHINIA VENENIFERA : MADAGASCAR ORDEAL POISON.\*

By ANDREW DAVIDSON, F. R. C. P. E.

#### *Experiments on Warm-Blooded Animals.*

I. *On a Lemur.* 7.58 A. M. Ten grains of a liquid extract mixed with one drachm of water were injected into the cellular tissue in the lumbar region of a full-grown lemur. 8 A. M. The extremities are weak; scarcely able to walk. 8.7. Vomits frothy mucus. 8.15. Continues to vomit, and when it attempts to walk its movements are slow and uncertain; it is unwilling to move; the heart's pulsations are reduced in frequency, pupils normal. 8.17. Lying on its belly with its legs stretched out and placid, sensation perfect. 8.24. Limbs paralyzed; pinching the tail makes it look around, and it makes vain attempts to change its position; pulsations of the heart less frequent and weaker. It is perfectly conscious, for although

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\* Abstract from *Jour. of Anat. and Physiology*, No. xiii, 97.

unable to move its limbs, it follows with its eyes the movements of any one approaching it. 8.30. Heart irregular, two pulsations and a pause; pupils a little contracted, (?) sensation unaffected. The heart is now becoming slower and slower, the respiration panting. 8.35. The heart only beats occasionally; sensation seems perfect, it is able to move its head a little, but the rest of the body is paralyzed. 8.40. Respiration panting, and forty per minute. 8.45. Paralysis complete, sensation unaffected, the pulsations of the heart very infrequent, after a considerable interval a few hurried beats succeed each other. Slight shivering movements in the tail, fingers and toes (spasmodic). 8.47. The heart has ceased to beat, the pupils are dilated, the lower jaw has fallen, a few gasping respirations. 8.47. Slight spasmodic movements in the feet. 8.48. Died.

9.4. Opened the body and observed spontaneous twitchings of the pectoral muscles, which also were excitable by mechanical irritation. Auricles and great veins very much congested; a little semi-coagulated blood in right ventricle; a drachm of fluid blood in left ventricle, which coagulated after removal. For half an hour after death the application of dilute sulphuric acid or mechanical irritation produced contractions, especially of the auricles, which from being dark red became temporarily pale and bloodless; pinching the substance of the ventricles made them contract, the contraction of the latter did not extend to the auricles; lungs collapsed and pale; liver congested; gall-bladder full; vena porta congested; stomach and alimentary canal healthy.

II. *On a Cat* (nearly full grown). After applying a spirituous extract of *Tanghinia v.* to the conjunctiva in order to observe its action on the pupil, with a negative result, and having ascertained the pulsations of the heart to number nearly 120 per minute, at 12.15 p. m. we injected three grains of the same extract, mixed with one drachm of water, into the cellular tissue. 12.20. The animal is able to walk, but its legs seem weak. 12.31. Begins to vomit. 12.37. The action of the heart weak, pulsations about 110 per minute; the vomiting urgent; bowels moved. 12.43 Vomiting still continues; great debility; the pulsations of the heart very much reduced in number and strength; the respirations fewer and panting; pupils normal. 12.50. The animal is now scarcely able to move about; it lays its head down upon the ground, and after a little, changes it into a new position without moving its body. How far this condition results from paralysis, and how far from pure debility, it is difficult to say. 12.52. Pulsations of the heart 20 per minute, and weak. 12.54. Clonic spasms of extremities, with

trembling motion of the skin of the back ; expulsion of urine and faeces ; a sigh, the pupils dilated ; the action of the heart has ceased ; a few gasps, and the animal died at 12.57.

*Examination immediately.*—Lungs pale and collapsed, the coronary veins of the heart full, the substance of the heart congested ; all the chambers contain blood ; the auricles, however, are engorged ; the left one full of bright red and watery blood, the venæ cavæ full. The liver vena porta and its branches are very much congested, the whole intestinal canal abnormally pale. A mild magneto-electric current produces contractions of the muscles to which it is applied ; the contractions are less powerful when the current is transmitted through the nerve. Slight contractions can be produced by connecting the two limbs. The heart does not respond to the magneto-electric stimulus. I have observed paralysis to be much less distinctly marked in the cat than in the lemur.

III. *On a species of Civet, about the size of a small cat.*

The poison, mixed with a little water, was injected into the cellular tissue at 9.24 A. M. At 9.25, makes violent efforts to vomit. 9.28. Restless, and vomiting. 9.37. Posterior extremities are paralyzed, sensation seems unaffected. 9.40. A slight shivering motion all over its skin ; extremities paralyzed, but it is still able to move its head a little. 9.42. It is now quite unable to move any part of its body. Died at 9.45.

*Examination immediately.*—Great congestion of liver, kidney, portal vein, and substance of the heart. Right auricle engorged. The right auricle was seen to make about two slight contractions every minute, producing a wave in the blood, filling the vena cava descendens. These contractions were spontaneous ; but after they ceased they could be excited again by mechanical irritation of the muscular substance for about half an hour after the organ was exposed.

IV. At 9 A. M., exposed the heart of a large frog ; the pulsations were about 52 per minute. 9.5. Injected about one grain of the extract into the peritoneum. 9.8. Pulsations 52. 9.15. They became reduced to 39. At 9.20, the tetanized ventricle was seen to contract imperfectly, and at 9.21 the heart and respiration ceased almost simultaneously ; but although the heart has ceased to beat, the animal made a few leaps. On looking at the posterior lymphatic hearts, we find they have ceased to beat. 9.28. The animal still continues to withdraw its legs if they are drawn out.

V. Having exposed the heart of a large frog, and found the

pulsations 42 per minute, we administered one grain of the extract by the mouth. The action of the poison on the heart was as follows:

7.20. The pulsations were 34.

7.25. " " " 29.

7.30. " " " 28.

7.40. " " " 26, and irregular.

7.50. " " " 24. The ventricle contracts very imperfectly.

8. " " " 22. Slight vermicular motions of the ventricle.

8.10. The ventricle has ceased to beat, the auricles, however, make 12 pulsations per minute. 8.20. The auricles have stopped; but respiration has not quite ceased, and the animal is still able to move. The head was now removed, leaving the lower jaw connected with the body. Reflex movements could be induced by pinching, or by the application of electricity. The ventricle was contracted, the auricle dilated.

#### *Its Action on Man.*

A peculiar numb tingling sensation is felt in the mouth and fauces, due to its topical action. Several of those who have undergone the ordeal have assured me that they have experienced a similar feeling more or less over the whole body, but especially in the hands. This point is important, for my experiments on warm-blooded animals have not indicated any noticeable disturbance of sensation. Sickness ensues with vomiting, intense, distressing and repeated—first of the contents of the stomach, then of bile and mucus. The vomiting is attended by a feeling of great debility and anxiety. If the greater part of the poison has been thus ejected, the patient recovers perfectly within a short time. When more of the poison has got into the circulation, the sufferer is said to feel giddy. The Malagasy, however, use their word for vertigo in a loose sense. I am, therefore, inclined to think that partial paralysis of motion, with intensely gait, may be the condition indicated. The patient, under the influence of the Tangèna, staggers if he attempts to walk, is unable to support his own weight, and falls down helpless and paralyzed. Although the mind is usually clear, yet delirium occasionally occurs. Along with these nervous and cerebral symptoms, purging and urination appear, and are more or less urgent. The fecal discharges do not contain blood or mucus. Nothing abnormal has been observed by the natives in the appearance of the urine. The patient, in cases tending to a fatal issue, becomes unable to rise.

In other instances he lies as if asleep, and when roused, answers like a drowsy man, then lapses into his former condition. In other cases the patient remains conscious to the last, without either delirium or stupor. Death is preceded by spasmodic movements of the fingers and toes. Purging is a bad symptom, and worse the more urgent it is. Almost none recover when the stage of stupor has been reached. The natives know of no antidote for this poison, but they think that the application of cold and draughts of lemon-juice are of service.

I may remark upon the condition of sleepiness described above as of pretty frequent occurrence in the advanced stage of poisoning by this substance, that I don't believe my informants were able to distinguish between narcotism and a state of prostration.

Upon this point I may further observe that my experiments on the lower animals do not seem to countenance the opinion of some, that there is any narcotic property in the substance. There is only one exception to this statement of the result of my experiments. In two instances in which I gave the Tangèna to fowls they appeared to be overcome by sleep.

#### *General Conclusions.*

(a) The Tangèna must be classed among the cardiac poisons. It uniformly causes death by arresting the action of the heart.

(b) It does not act on the heart through the vagus nerve. When applied to the exposed heart, its rapidity of action is remarkable. The fact that it arrests the pulsations of the excised heart of the frog is conclusive proof that its influence, when topically applied, is direct, either on the muscular substance, or the muscular substance and cardiac ganglia.

(c) There is sufficient reason to believe that Tangèna acts on the spinal cord, producing paralysis and diminishing reflex action.

(d) Voluntary motion is abolished, and the irritability of the motor nerves lessened by the poison. When it acts through the circulation in mammalia sensation is not remarkably affected; muscular contractility is very much diminished.

(e) It is exceedingly fatal to man, in doses of thirty grains of the kernel, if not promptly ejected.

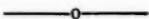
(f) It causes a numb tingling sensation in the part with which it comes in contact, and also throughout the body.

(g) It is powerfully emetic and purgative, produces great nausea and debility, paralysis of motion, occasionally delirium, narcotism, and perhaps vertigo.



(h) It may be inferred to cause death in man, as in all other animals, by tetanizing the heart.

*Botanical Note.*—The Tangèna, or Tanghin (*Tanghinia Venenifera*, *Cerbera Tanghin*—Hooker), is a large tree of the natural order *Apocynaceæ*. The poisonous part of the plant is the fruit, which is a *drupe*, almost the size of an apple. The color of the fruit is a greenish-yellow; the external pulp which surrounds the kernel is soft, somewhat gray in color, destitute of smell, and possessed of a slightly bitter disagreeable taste. The kernel is hard, ligneous, and brown, and elliptical in shape. Within this is the almond, which is divided into two cotyledons, of the consistence of a newly-plucked bean, varying in color from a white to a brownish-red; and weighing from forty to seventy grains. For a minute botanical description of the tree and its fruit, the reader may consult Hooker's *Botanical Miscellany*, 111, 290. The Tangèna grows abundantly in the forests on the east coast of Madagascar; it is rare in the central provinces, and towards the south of the island.



## THE APPLICATION OF REMEDIES TO THE PUERPERAL CONDITION.

By HENRY M. LEWIS, M. D., and HENRY MINTON, A. M., M. D.

(Continued from page 60.)

### CAULOPHYLLUM.

**PREGNANCY.**—Rheumatic and neuralgic headaches. Aphthæ of the mouth. Flatulent colic. Sensation of uterine congestion, with fullness, heaviness, and tension in the hypogastrium. Spasmodic pains in the uterus. False pains.

**ABORTION.**—Spurious pains, threatening miscarriage. Severe pains in back and loins, with great lack of uterine vigor, the contractions being feeble and attended with but slight loss of blood.

**BEFORE LABOR.**—False pains.

**DURING LABOR.**—Wrangling, tormenting, worthless pains, in the beginning of labor. When the condition of the patient seems good, the parts yielding and dilatable, yet the pains are weak and ineffectual. Extraordinary rigidity of the os. Spasmodic and severe pain without progress being made. The pains become very weak and

flagging on account of the long continuance of labor. Thirst and feverishness.

**AFTER LABOR.**—Hæmorrhage; especially after hasty labor. The flow is very profuse, there is very feeble, or an entire absence of uterine contractions.

*Has* been recommended in convulsions, but the symptoms are so indefinite as to be unworthy of transcription.

**AFTER-PAINS.**—Spasmodic after-pains across the lower part of the abdomen, extending into the groin. After protracted and exhausting labors.

**LOCHIA.**—Lasts too long—remains bloody too long. It seems to ooze passively from the relaxed uterine vessels; attended with great exhaustion. Lochia suppressed.

**CONCOMITANTS.**—Rheumatism especially of the phalanges and metacarpal joints of the hand and foot. Headache, with dimness of sight and pressure behind the eyes. Aphthous vaginitis accompanied by spasmodic uterine pains. The pains of this remedy are intermittent, says Hale; those of Secale continuous. It is recommended to be given as a preparation for labor—making it easier.

We have had little personal experience with this remedy. The literature of the subject scattered through our periodicals is more remarkable for quantity than quality, and affords but little reliable data. We cannot resist the temptation to here enter a protest against a far too prevalent style of reporting cases in the Journals, wherein the symptoms narrated are so meagre, and the list of alternated remedies so profuse, that we turn from the perusal bewildered. The publication of such intangible matter discourages earnest effort.

#### CAUSTICUM.

**PREGNANCY.**—Low-spirited, *melancholy*, peevish. Full of needless fears; apprehension about the future; momentary obscurations of sight; dim-sightedness as if a veil or gauze was before the eyes; paralytic state of the upper lids; visible twitching of the lids; accumulation of much mucous saliva in the mouth, and phlegm in the throat, *which she endeavors to hawk up but has to swallow*, it gags her; sits down to the table with an appetite, but immediately conceives a loathing for what she eats; the taste of the food remains a long time in her mouth; *violent distention of the abdomen after a meal; sensation as if lime were being burned in the stomach*, with a sort of rolling, rising of air; gulping up of insipid water; sour vomiting followed by sour eructations; constant eructations, often apparently sticking in the

throat; eructations tasting of the ingesta, or having a musk or almond-like smell; *stitching in the region of the liver*, in the afternoon; bruised and pinching pain in the right side of the abdomen, followed by stitches in the pudendum.

**DURING LABOR.**—The pains seem confined to the back; complains mostly of a sore distressing pain there; convulsions.

**CONVULSIONS.**—After or during labor, the paroxysms are characterized by screams, violent movements of the limbs, gnashing of the teeth, half open eyes, involuntary emission of urine and loss of consciousness. These convulsions are of an epileptic type and occur most frequently in scrofulous, weak constitutions.

*Difficult passage of urine after labor*, the bladder seemingly paralyzed.

**BREASTS.**—Violent itching of the breasts, nipples sore, cracked and surrounded with lumps; the secretion of milk is deficient, after a long tedious labor especially, or on account of other debilitating causes.

This remedy is useful in such troubles as arise from long continued and excessive grief; from night watching, or over-anxiety; in cases where the menses have been habitually too late and profuse, and accompanied with a melancholy depressed state of mind; takes cold easily, from exposure of the abdomen, resulting in diarrhoea; constipation, frequent and unsuccessful desire to pass stool; cutting in the rectum during stool; burning in the anus; sensation as of some hard substance lodged in the rectum; pulsating pain in the perinæum; *excessive itching of the anus day and night*; varices of the rectum, protruded by a pressure of flatulence, after a meal; the varices hinder the passage of the stool, which may be hard and knotty, and streaked with blood, or the stool may be of this character, and no varices discernible; itching, stinging varices, that burn and smart on touch, are aggravated by motion and relieved by stool.

The urine may be light colored and profuse, or reddish, or full of a flocculent sediment when standing. It is passed involuntarily, especially when coughing, sneezing, laughing, or on making sudden exertion. Bladder partially paralyzed from over-distention. Uterine spasms, inability to stand erect; great pain, cannot bear the pressure of the clothes. The abdomen feels as if crammed full, as if it would burst, with constant unsuccessful desire to eructate.

#### CHAMOMILLA.

**PREGNANCY.**—Irrascibility of temper, speaks uncivilly. Taciturn, peevish, and ill-humored. Hysterical troubles produced by anger.

Hysteric spasms, especially when brought about by violent mental emotions, such as jealousy. Nausea and vomiting, faintness, foul eructations, aggravating pain. Burning across the stomach. The epigastrium is painfully bloated, and there is a feeling as if the contents of the abdomen would be forced into the chest. She belches wind, which causes pain. She cannot compose herself to sleep. *Imagines that she hears the voices of absent friends. She is morbidly sensitive to pain. Slight suffering drives her almost mad.* Abdominal spasms. Frequent emissions of large quantities of pale urine. Hæmorrhoids bleeding freely, with contracting pain in the abdomen, frequent straining to evacuate; occasional diarrhœa, particularly when attended with smarting and burning, with tearing pain in the back, especially at night. Rash on the skin.

ABORTION.—Here as elsewhere, the mental condition is most strongly indicative. The irritability and impatience are characteristic. When there are periodical pains resembling those of labor, each pain being followed by a discharge of dark colored or clotted blood, or of blood and mucus mixed. Violent pains in the bowels running round the sides, accompanied by sensation as if the bowels and bladder would be evacuated. Yawning, coldness, shivering and thirst. *There is a frequent discharge of pale, watery urine. The pains make her hot and thirsty, and she completely loses control of her temper.*

BEFORE LABOR.—Violent false pains; she walks the floor in agony, and gets no relief—lying down only aggravates her troubles; she is cross, ugly, uncivil, *devilish*; cheeks are red and hot, sometimes only one is so, and the other pale and cold. When attacks of this kind come on several nights in succession driving the patient almost crazy.

DURING LABOR.—Pains are cutting and acute, extending from the loins to the hypogastrium; great pain running from the back down the thighs; tearing pains down the legs; the pains are spasmodic and distressing, sometimes they seem to be reversed, and push the child the wrong way; she shrinks from the pains as if trying to escape; great nervous excitement; the face red, especially one cheek; she is very sensitive to external impressions—a draft of air brings on a return of her sufferings. Convulsions.

AFTER LABOR.—Is called for in flooding when the general symptoms correspond, and there are strong labor-like pains with discharge of dark coagulated blood; feeling of great weight and pressure in the genitals, also, sometimes when *Ipecac.* seems indicated and affords no relief, or at least but a little improvement.

CONVULSIONS occurring during or after labor, where the symptoms

generally correspond to those of this remedy. Convulsions excited by anger; when there is great desire to stretch the limbs, convulsive movements of the limbs, eyes, eyelids or tongue; convulsive shocks during sleep; face red and puffed, or perhaps only one cheek is so, and the other pale; the skin dry and burning; great thirst; warm perspiration on face and head; respiration rapid, anxious and rattling; impatient and angry, though half unconscious. Is best adapted to hysterical subjects.

AFTER-PAINS.—The after-pains are so violent, she declares them worse than the pains of labor; that she cannot possibly bear them; she is restless and tossing about, and greatly excited; she shrinks from each pain.

LOCHIA.—Dark; suppression of lochia, followed by diarrhœa, by colic, by toothache, and with all other characteristic symptoms.

PUERPERAL FEVER.—Great agitation of the nervous system; the milk disappears from the breasts; there is excessive dark lochial discharge, with labor-like pains from the small of the back to the front of the abdomen; headache and oppression of the chest; face red and moist; skin generally hot and dry; urine abundant and light-colored; stools watery, milky, chopped, offensive and frequent. Characteristic mental and moral symptoms, when the trouble seems to be the consequence of a fit of passion.

BREASTS.—Milk suppressed; milk cheesy, or mixed with pus; mammæ hard, distended, and tender to touch, with shooting, drawing, or tearing pains; nipples inflamed and swollen; erysipelas.

CONCOMITANTS.—In prescribing Chamomilla, attention must be paid to the mental symptoms. The irritability amounts to a mania; she is perfectly unbearable, and constantly finds fault with the best intended efforts of physician and nurse; suffering seems to completely unnerve her. This state I have attempted to picture is contrary to her usual condition. It seems to be best adapted to the ailments of lying-in and hysteric women—to women who are nursing. It is especially useful in affections caused by bursts of passion, by anger, jealousy, etc. To be useful, however, it must be administered immediately. Other remedies more nearly correspond to the remote effects of such disturbances. It antidotes the bad effects of coffee.

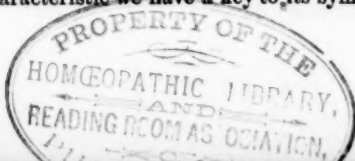
#### CICUTA VIROSA.

PREGNANCY.—Mania with screaming, howling, and moaning; does all sorts of foolish and absurd things; thinks herself still a child. *Despises men*; hides from them; *dreads their being near her*. Head-

ache, disappearing when *when intensely thinking of it*. *Starting, trembling of the head; shocks through the head like electric discharges*. Sits staring at vacancy, the head gradually drooping forward; the eyes remain fixed, until the pupil is hid under the upper lid; a sudden jerk restores the waning consciousness, and she recovers herself for a time. *Eye dizziness*. The eyes are sunken and surrounded with blue rings. Sees double. When reading, the letters seem to turn; they are surrounded with a colored aureola, as is also the light. Twitching of the orbicularis muscle. Hearing dull, or oversensitiveness to noise. Tension in the neck; turns to look at objects and finds it difficult to turn back. The muscles of the neck are tonically contracted, with twitching and trembling of the head, and staring, fixed eyes. Frequent sneezing without coryza. Speech difficult; a jerk in the head and arms; a sort of hiccough; causes a sudden stoppage of speech. Inability to swallow; the œsophagus is spasmodically contracted. The throat is swollen, and feels sore externally. *Vomits on stooping*; a forcible, spasmodic ejection of the contents of the stomach, which does not relieve other spasmodic conditions. Frequent desire to urinate; *the urine is expelled with force*. Swelling and throbbing at the pit of the stomach; continued hunger after eating. Immediately after eating, belly-ache and sleepiness. Frequent involuntary jerks and twitches in the fingers. Stiffness of the muscles, causing her to walk awkwardly. Symptoms predominate in the forenoon, are aggravated by warmth, ameliorated by touch, by cold, and at night.

BEFORE, DURING, AND AFTER LABOR-CONVULSIONS.—Deadly paleness of the face, hands and face cold. Staring look of the eyes, the head twitches, the patient complains of the neck being stiff and sore. The muscles about the eyes twitch, the limbs begin to tremble, the respiration to be difficult, and the patient goes off into a convulsion, wherein the eyes are rolled up, the jaws set, the limbs fixed in perhaps grotesque positions, and completely immovable. The face becomes blue and cyanotic; foam comes from between the purple lips, drawn tight over the set teeth; finally the patient relaxes, lies as if dead for a long time and then slowly returns to consciousness, unless, which is not improbable, a second convulsion comes on before complete recovery from the first. Convulsions wherein the limbs are tossed too and fro and the patient cries and howls. The convulsions affect the respiratory muscles, and there are *frequent arrests of breathing for a few moments*.

*Cicuta* is decidedly a *convulsive* remedy. Bearing in mind its spasmodic characteristic we have a key to its symptomatology. The



mental symptoms would lead us to expect convulsions if we met them in a pregnant woman. The headache with its electric-like shocks—the usual derangements—the staring look in the eyes—spasmodic sneezings—stammering, interrupted speech—inability to swallow—oppressed respiration—tonically contracted muscles—the forcible expulsion of the urine—twitching of the extremities, and troubled sleep, together with many other symptoms, are best understood and best remembered by such a generalization.

(To be continued.)

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### SPECIALTIES.

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At the present there appears to be growing interest manifested by members of our school for specialties in medicine. We have *our* general practitioners, *our* oculists, *our* aurists, *our* surgeons, and *our* gynecologists, all of whom are advancing towards proficiency and reputation in the departments they represent. No one can visit the Ophthalmic Hospital of New York without being struck, not only with the appropriateness of the building for the purposes for which it is used, but at the great number of patients who present themselves daily. Gynecology is also well represented in our school, and Dr. Ludlam, of Chicago, is gaining new laurels for his surgical operations in this department. In the last number of the *U. S. Medical and Surgical Journal*, that gentleman reports "a vesico-vaginal fistula, of sixteen and a half years' duration, closed by one operation." This fistula was one and three-quarter inches in length, and extended from the internal orifice of the urethra, through the anterior cul-de-sac, so that three-fourths of an inch of the posterior margin of the fistula was made up of the anterior surface of the uterine cervix. To close such a rent in *one* operation, especially where the opening is so high up, requires much care and nice manipulation with scissors and wire. Had success resulted after two or three operations, it would have been satisfactory; in one operation, the result is more than ordinarily gratifying. The same gynecologist, in the same clinic, records two successful cases of ovariectomy.

Such reports carry with them much weight with the old school surgeons, and raise Homœopathy to higher estimation in the eye of the public. The time has passed, when the believers in Homœopathy found it necessary to consult the old school in special diseases. We have our own specialists, and they are becoming more numerous and more capable every day.



# The New York Journal of Homœopathy.

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NEW YORK, MAY 1, 1874.

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SAMUEL A. JONES, M. D., GENERAL EDITOR.

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T. F. ALLEN, M. D., MATERIA MEDICA.

WM. TOD HELMUTH, M. D., SURGERY.

SAM'L LILIENTHAL, M. D., CLINICAL MEDICINE.

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✍ College Announcements, Hospital Reports, the Reports of Societies, Foreign and Domestic Medical News, are respectfully solicited, as are newspapers or periodicals containing such reports.

✍ To insure publication, Communications should be *brief, practical*, and carefully written on one side of the page.

✍ All Manuscript for publication, periodicals, books for notice or review, and exchanges, should be directed to S. A. JONES, M. D., No. 230 WEST 25TH STREET, N. Y.

✍ All Communications regarding the business of the JOURNAL—all subscriptions, directions for proper mailage—must be sent to

Charles H. Neilson,

128 BROADWAY, N. Y.

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## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

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In calling attention to the *Special Notice*, which will be found in this issue, we are led to consider the nature of the work done by this the representative body of American Homœopathy. We trust that our remarks will be received as a suggestion for the future rather than regarded as a criticism upon the past.

As might be expected from such a body, the Institute has done praiseworthy work in the line of developing our *Materia Medica*. Its pathogenesis of *Lilium tigrinum* has placed the whole civilized world under a grateful obligation, and this contribution alone is sufficient to justify its existence. We certainly deem this "proving" its grandest achievement, because it has demonstrated that in Homœ-

opathy, as in Eden, it is "not good for man to be alone." By the vicarious suffering of the "prover," woman has asserted her right to, and demonstrated her fitness for a fellowship which was only too reluctantly awarded.

In all else than "provings," the past *doing* of the Institute has never transcended the bounds of a simply respectable mediocrity. Most assuredly, "good" papers have been presented, the matter therein being well digested, and fitly arranged; but, nevertheless, all the years of the Institute's working evince a lack of original research; save now and then a remedy, and occasionally the clinical application of a remedy, it has contributed nothing to the world's common stock of medical knowledge.

We do not urge this to the discredit of the past, but we hold that a continuance in such a line will do violence to the spirit of the present. Undoubtedly Homœopathy would justify its existence, if it did nothing more than teach the world its method of determining the capabilities of a remedy and the application thereof in the treatment of disease. But, if the Homœopathy of to-day is properly prepared to *fully do* this work, it will not rest content with doing only this. The manifold capacities requisite to make such a "proving" as the medical science of to-day enables, will bring forth the ripe fruits of physiological, chemico-physiological, and pathological research; and in that *struggle for existence* wherein the *survival of the fittest* is the inexorable law, it is simply folly to dream that Homœopathy can neglect to cultivate these capacities and still escape the penalty.

*By their fruits ye shall know them* is a fiat applicable not only to morals, for we, as a school, will be judged by our "yield," and with each waning year the judgment will be harsher, and the inevitable penalty more and more detrimental to our numerical increase. We mean, in plain words, that the seducing charms of Physiology and of Chemistry, as exhibited in recent physiological researches into the action of remedies by such experts as Prof. Binz, will lead our students to matriculate in other institutions than our own. We are confident that this will be a consequence of our neglect, in so far as the higher grades of students are concerned.

That the standard of College-teaching, to-day, does not enable the making of such a "proving" as the state of medical science demands, is an assertion which we make because our present welfare and our future prosperity necessitates the simple truth. We have before us a "proving" for which a gold medal was recently awarded, and its incompleteness is really disheartening; yet, as Prof

Allen truly said in his address before the N. Y. State Hom. Med. Society, there is no institution in the land, let alone a Medical College, having the apparatus and the accessories for the complete doing of such a research. Hence it is that the *fruits* are not forthcoming.

It would seem from such considerations that the Institute should exert its full strength in the direction wherein Dr. J. P. Dake is looking so earnestly. To this end it is not necessary that any member of the Institute should forswear that allegiance which some are pleased to award to the *ipsissima verba* of the time-honored "provings" from which both the present and the past have so successfully "shingled." It is not sacrilege, and is not necessarily iconoclasm, to re-prove a remedy. One mind may find the fulness of its desires in the "red sand in the urine" of *Lycopodium*, while another is only content when it has learned in what ratio that uric acid plus, affects the other constituents of the renal excretion; and while this additional knowledge enriches the latter, makes him nearer the stature of the *physician*, it will not impoverish the former; if it overloads him that is severely his misfortune.

This re-proving in the light of modern medical science will afford a rich harvest by increasing the percentage of objective symptoms. We are well aware that gratifying successes have been again and again achieved without them, but do we not prescribe more confidently with them? Shadows alone are indicative; substance and shadow are demonstrative, and Heaven knows, most of us need the hint kicked into us.

To avail ourselves of the apparatus of modern physiological research will be to win such a general recognition of the integrity and the verity of our "provings" as has never yet been given to them. The coarse lines of qualitative and quantitative analyses, of sphygmo- and cardiographic, and manometric waves, and of tissue-change, are discerned and *acknowledged* by those who jest at a *résumé à la Hahnemann*. And more than this, the sphygmograph will so write the record of a perturbing *vis* in the despised high potencies that those who are expert in interpreting its tracings—who can distinguish in them the false from the true, and this can be done—will be overcome in their opposition by evidence which they cannot deny.

The application of the same instruments in clinical medicine will give our clinical testimony a weight which it now lacks. If in his inaugural address, at the opening of the Clinical Society, Sir Thomas Watson could say: "Certainly, the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of

therapeutics," of how much more value their precisionizing instruments and all their determining apparatus will prove to us whose "final and supreme" and triumphant beginning is just where all their splendid endeavors despairingly, or at least despondingly, end! The harvest is ripe for this sickle, why shall we not reap the fulness thereof?

We would commend the "section" plan of the British Association to the earnest consideration of the Institute. Certainly the completest work is secured by this plan, and for the honor of American Homœopathy, we all need bring our choicest and ripest fruit to the shrine of the oldest National Medical Association in the new world.

S. A. J.

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### NEW YORK STATE HOM. MED. SOCIETY.

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#### TWENTY-THIRD ANNUAL MEETING.

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By the courtesy of the Recording Secretary, *Dr. Frank L. Vincent*, we are in receipt of advance sheets of the Report of the last session.

From the Treasurer's Report we learn that the finances of the Society are "in a very gratifying condition," *i. e.*, plus \$65.39. This Report is brief, but the thankful-for-small-favors-and-soliciting-a-continuance-of-the-same suggestiveness thereof is unmistakable. *Semper idem* will be a good motto for the treasury. *Sic semper* may become *semper* sick, and with Aurum at 1.12½, the remedy is apt to be given in the minimum and single dose—hence vexing aggravations and postponed convalescence.

A very significant sign of the times is found in Dr. Searle's comparative mortality statistics of Brooklyn, for 1872-3.

"As preliminary to his Report, the Doctor states that the statistics may be taken as substantially correct, as the officials of the Board knew the purpose of his examination of the records and have not attempted to contradict them. He considers his statistics fairer than any other heretofore made, as he omitted all coroners' cases, which otherwise would have increased each physician's (outside of our own school) average two or more each year. In instituting the comparison, the Homœopathic has been set against all other schools, rather than that distinctly Allopathic, because in so large a city it was difficult to ascertain who were and who were not Allopathic; and, also, because we hold that all schools of practice outside of our own, have really nothing distinctive whatever, and are therefore properly classed together.

"Negotiations are proceeding to determine the comparative number of deaths attributable to the members of the Allopathic County Society, compared with those of our own school.

COMPARATIVE MORTALITY STATISTICS OF THE HOMŒOPATHIC SCHOOLS,  
DURING 1873.

Number of Homœopathic physicians, about ninety.

Number of all other physicians, about five hundred.

	1872.	1873.
Total number of deaths .....	12,648	10,968
Total coroners' cases .....	1,801	910
Total deaths under Homœopathic treatment.....	11,347 1,046	10,058 803
Total deaths under all other treatment.....	10,301	9,256
	1872.	1873.
Average deaths to each Homœopathic physician .....	11.62	8.91
Average deaths of all other schools .....	20.60	16.51

SPECIAL DISEASES.	Per cent. of Deaths.			
	Hom. 1872.	All other. 1872.	Hom. 1873.	All other. 1873.
Cerebro-spinal Meningitis.....	110	259	50	105
Cholera Infantum.....	600	1191	780	960
Croup.....	126	304	105	306
Diarrhoea.....	99	243	61	212
Diphtheria.....	137	171	116	231
Dysentery.....	60	131	39	130
Erysipelas.....	11	68	11	36
Hepatitis.....	.....	14	.....	.....
Measles.....	22	40	11	67
Pneumonia.....	253	703	231	694
Pleurisy.....	.....	7	.....	35
Puerperal Fever.....	.....	39	16	34
Remittent Fever.....	39	112	22	101
Rheumatism.....	6	21	.....	30
Scarlet Fever.....	236	307	171	283
Small-pox.....	16	30	.....	.....
Typhoid Fever.....	132	138	77	89
Whooping-Cough.....	22	86	83	123
	1861	3783	1851	3483

On this line we must fight our last battle for our Theory and Practice, and "on this line" we confidently abide the issue.

The following papers were "read by title and referred":—

Classification of Remedies in Cephalalgia. By H. V. Miller, M. D.

Accidental Provings of Apis Mellifica. By Charles Cropper, M. D.

Electro Therapeutics. By Guy R. Westcott, M. D.

Proving of Baptisia Tinctoria. By B. B. Schenck, M. D.

Homœopathic Application of Electricity. By J. C. Morgan, M. D.

Nervous or Sick Headache, its Varieties and Treatment. By S. Lilienthal, M. D.

Baptisia Tinctoria in its Relation to Typhoid Fever. By C. Carleton Smith, M. D.

Metastasis of Skin Diseases a Prolific Cause of Chronic Complaints. By C. T. Harris, M. D.

Pterygium. By B. F. Cornell, M. D.

Essay on Alcohol. By H. V. Miller, M. D.

Morbus Coxarius. By W. J. Bryan, M. D.

Case of Typhoid Fever Aborted by Lachesis. By H. V. Miller, M. D.

Cynanche Trachealis Lachesis. By H. V. Miller, M. D.

Gonorrhœal Ophthalmia. By G. H. Parkhurst, M. D.

The Limit of Attenuation. By S. Swan, M. D.

Case of Paracentesis Abdominalis in a Sequela of Cardiac Dropsy. By H. G. Preston, M. D.

Operation for Caries of Inferior Maxillary. By H. G. Preston, M. D.

Fibroid Tumors of the Uterus. By Clarence M. Conant, M. D.

Principles and Potencies. By L. B. Wells, M. D.

If a paper is worthy of the Society's acceptance it is entitled to a reading. If not read it is accepted upon trust and printed at the discretion of the Publishing Committee; and no Society should delegate so important a function to any committee. Merit alone should secure publication and the vote of the Society should be the criterion.

The truth is, that only the highest order of professional endeavor should be admitted into the Society's *Transactions*; and the standard of excellence should be so high that the papers "respectfully declined" by the Society might still be good enough for our medical journals. When the acceptance of a paper by the State Society is made an honor to the author thereof, there will be no trouble in finding both publisher and purchaser for its *Transactions*.

The lines of action for 1874 are laid down in the subjoined list of *Committees* (Bureaus are such *wooden things*!), and the "elect" will

take notice, and off with their coats at once, for good work requires time.

*Materia Medica.*—Chairman, Timothy F. Allen, M. D., 3 East 33d street, New York; Drs. J. M. Cadmus, Waverly, Tioga county; N. B. Covert, Geneva, Ontario county; H. M. Dayfoot, Mount Morris, Livingston county; H. H. Heath, Seneca Falls, Seneca county; Chas. A. Church, Norwich, Chenango county.

*Clinical Medicine.*—Chairman, H. V. Miller, M. D., Syracuse; Drs. C. W. Boyce, Auburn, Cayuga county; Wm. M. Gwynn, Throopsville, Cayuga county; G. B. Palmer, East Hamilton, Madison county; J. T. Greenleaf, Owego, Tioga county; E. B. Nash, Cortland.

*Ophthalmology and Otology.*—Chairman, G. S. Norton, M. D., New York Ophthalmic Hospital, New York; Drs. W. S. Searle, Brooklyn; D. B. Hunt, 50 West 20th street, New York; A. K. Hills, 20 East 24th street, New York; H. C. Houghton, 50 West 33d street, New York.

*Laryngology.*—Chairman, E. J. Whitney, M. D., 100 Lafayette avenue, Brooklyn; W. S. Searle, Brooklyn; A. K. Hills, 20 East 24th street, New York.

*Surgery.*—Chairman, W. M. L. Fiske, M. D., 1 Bedford avenue, Brooklyn (E. D.); J. C. Minor, New York city; A. R. Wright, Buffalo; A. J. Evans, Lockport; E. A. Munger, Waterville.

*Obstetrics.*—Chairman, T. C. White, M. D., Rochester; Dr. A. W. Holden, Glenn's Falls, Warren county; C. Ormes, Jamestown; J. H. Foote, Franklin, Delaware county.

*Gynecology.*—Chairman, W. N. Guernsey, M. D., 18 West 23d street, New York; A. L. L. Potter, Albion; W. A. Hawley, Syracuse; B. F. Cornell, Fort Edward.

*Pedology.*—Chairman, T. L. Brown, M. D., Binghamton, Broome county; M. M. Gardner, Utica; G. Z. Noble, Dundee, Yates county; W. B. Stebbins, Little Falls.

*Histology.*—Chairman, S. A. Jones, M. D., 230 West 25th street, New York; L. M. Pratt, Albany; A. B. Smith, Geneva; T. C. Fanning, Tarrytown; S. D. Sherman, Lyons.

*Climatology.*—Chairman, L. B. Waldo, M. D., Lansingburgh, Rensselaer county; Drs. E. Guernsey, 18 West 23d street, New York; S. D. Hand, Binghamton, Broome county.

*Vital Statistics.*—Chairman, E. M. Kellogg, M. D., 29 East 19th street, New York; Drs. W. S. Searle, 132 Henry street, Brooklyn; H. M. Smith, 107 Fourth avenue, New York.

*Vaccination.*—Chairman, M. F. Sweeting, M. D., South Butler, Wayne county; Frank L. Vincent, M. D., 17 Second street, Troy.



*Medical Education.*—Chairman, J. F. Gray, M. D., Fifth Avenue Hotel, New York ; Drs. Carroll Dunham, Irvington, New York ; H. D. Paine, 26 West 30th street, New York ; H. B. Millard, 47 East 25th street, New York ; J. C. Minor, 10 East 41st street, New York.

*Societies and Institutions.* Chairman, H. M. Paine, M. D., 104 State street, Albany ; Drs. Benj. Wilson, 131 East 84th street, New York ; M. O. Terry, Utica ; W. J. Bryan, Corning, Steuben county ; T. M. Strong, Aurora, Cayuga county.

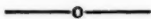
*Mental and Nervous Diseases.*—Chairman, H. R. Stiles, M. D., Middletown, Orange county ; Drs. S. Lilienthal, 230 West 25th street, New York ; W. M. Butler, Middletown ; S. A. Jones, 230 West 25th street, New York.

*Pharmacy.*—Chairman, H. M. Smith, M. D., 107 Fourth avenue, New York ; Carroll Dunham, M. D., Irvington, New York ; J. J. Mitchell, New York.

The Semi-Annual Meeting of the Society will be held at Syracuse, the Second Tuesday in September.

Sufficient subscriptions have been received to warrant the publication of the XIth volume of the Transactions. Physicians who have not filled out the blank forwarded them a few weeks ago, will please do so at once.

"BULLY!" We know this isn't an "elegant" word, but it *is* the only letter-combination in the language that can even approximately express the all-overishness which the announcement occasioned. "Physicians who have not filled out the blank" will do so incontinently, or else go West,—the Empire State is no place for them ; at least *they'll think so at the next Annual Meeting.*



## NEW YORK OPHTHALMIC HOSPITAL.

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Report for March, 1874.  
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Number of new patients, 239.

Over two thousand prescriptions dispensed. Average daily number of patients, 80. Number of patients occupying beds, 18.

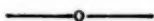
The number of patients on fine days has reached as high as 125.

Hugh M. Smith, medical student, has been appointed apothecary in place of W. E. Rounds, M. D., resigned, to become resident phys-

ician to the Child's Hospital attached to the Five Points House of Industry.

It is not generally known that the hospital furnishes the finest Berlin spectacles at cost price (wholesale) 50 cents; and almost daily freely gives them to the poor, who are ruining their eyes without them, and cannot afford even 50 cents to pay for them.

The hospital is doing an incalculable amount of good, and succeeding beyond the most sanguine expectations of its friends.



### CHILDREN'S HOSPITAL.

#### FIVE POINTS HOUSE OF INDUSTRY.

*Consulting Physicians.*—B. F. JOSLIN, M. D., HENRY C. HOUGHTON, M. D.

*Attending Physicians.*—ST. CLAIR SMITH, M. D., DWIGHT B. HUNT, M. D.

*Attending Surgeon.*—F. E. DOUGHTY, M. D.

*Resident Physician.*—W. E. ROUNDS, M. D.

#### REPORT FROM MARCH 1ST, 1873, TO MARCH 1ST, 1874.

During the last year 1,267 cases have been treated, and 3,800. prescriptions dispensed. Six patients were sent to other hospitals. These were adult inmates, for whom we have no accommodations.

Of the cases treated 49 were measles, 12 croup, 4 pneumonia, 9 acute bronchitis, 2 tubercular meningitis, 51 simple continued fever, 103 diarrhoea, 253 various forms of disease of the eye.

Four cases of gangrene of the mouth occurred, only one of which proved fatal. Attention is called to the fact that this is the only death that has occurred from an uncomplicated form of this *fatal* disease during a period of twelve years, during which time we have treated 16 cases. The only other death occurred last year, in a child having whooping-cough and pneumonia, when the gangrene supervened. This success will be better appreciated when it is known that the most favorable statistics of this disease ever published show a mortality of 75 per cent. 15 deaths occurred; 2 from tubercular meningitis; 3 from membranous croup; 3 from phthisis pulmonalis; 1 death each from scarlatina, measles, gangrene of mouth, diphtheritic croup, capillary dysentery, and tubercular peritonitis.

Although our rate of mortality is in excess of any previous year, it will be observed that six of the deaths were from diseases that, so far as known, are necessarily fatal, and the majority of the remainder very generally so.

Four hundred and thirty were vaccinated. We again call attention to the absolute protection afforded by vaccination, as it is now nearly ten years since a case of small-pox or varioloid has occurred in the institution. Among the diseases found in our tabular statement will be noticed 90 cases of alcoholism and other diseases not belonging to children. These were among the adult inmates of the house.

It was our intention to make a separate report for sickness among adults, but we have not found it convenient to do so at this time.

It is now 13 years since the homœopathic practice was introduced into the institution; since that time we have only had to treat 22 cases of scarlet fever, and in no instance were these cases consecutive; several months intervening between each case. This we attribute *entirely* to the use of Belladonna as a prophylactic in this disease. Our plan is, when a case of scarlet fever occurs, to give every child in the house a dose of Bell. (30th potency) once a day for a week or ten days, and we have never yet had the second case. The average number of children in the house has between two and three hundred, and these have been in most instances very generally exposed.

We have added to our corps Dr. F. E. Doughty, who will take charge of the surgery of the house. Dr. D. is a careful and successful operator, and has already rendered some valuable services.

Dr. D. B. Hunt, our resident physician, gave constant and faithful attention, and to him is due our *perfect* success in the treatment of diseases of the eye, for, notwithstanding a great number of unusually severe and dangerous cases, no eye has been lost. He leaves us to enter into private practice, but retains his interest in the house, and has taken a place as one of the attending physicians.

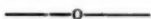
We have secured as resident physician for the coming year, W. E. Rounds, M. D. Dr. R. has, on a previous occasion, temporarily filled, with success, the position he now holds, and it was in a great measure due to this that we secured his services. He has recently received the diploma of the N. Y. Ophthalmic Hospital, and will be exceedingly valuable to us in the treatment of diseases of the eye, which form such an important part of the cases treated at the institution.

To Miss Handly, our hospital matron, we are indebted *more than*

we can express, for her faithful discharge of the arduous duties of her position.

Four operations were performed—1 amputation (arm); 1 \*tracheotomy (for croup); 2 strabismus. The first two by Dr. Doughty, the latter by Dr. Hunt.

Dr. Joslin made 13, Dr. Houghton 2, Dr. Smith 120, Dr. Doughty 20 visits to the house.



### NEW YORK HOMŒOPATHIC DISPENSARY.

This Dispensary closed its doors some time ago, and sold out its furniture because it could not sustain itself, though for years it had treated thousands of patients, and was one of the best dispensaries ever organized.

Within a few weeks, its officers having learned that the Twenty-third street Dispensary for Women and Children (founded and solely supported Dr. Emma Scott) had organized a Board of Trustees and was about to enlarge its operations, offered to turn over to the latter new Institution its name and prestige, especially as it seemed eminently desirable that no institution of our school should be entirely abandoned.

The members of the old Board of Directors of the New York Homœopathic Dispensary therefore resigned, and *unanimously* elected the members of the Board of Directors of the Twenty-third street Dispensary to fill their places.

The New York Homœopathic Dispensary is now newly reorganized with the following Board:

T. F. Allen, M. D., *President*.

H. S. Goodspeed, Esq., *Vice-President*.

Mrs. E. L. Houghton, *Treasurer*.

Mrs. Mary A. Keep, *Secretary*.

Mr. Stoddard, *Dentist*; Mrs. S. D. Hoffman, Mrs. J. B. Allen, Miss Emma Scott, M. D.; Miss M. A. Clapp, M. D.; St. Clair Smith, M. D.; H. C. Houghton, M. D.; E. M. Kellogg, M. D.

The Dispensary will (for the present at least) open the Department of Women and Children only, and will be located on Twenty-third street between Second and Third Avenues.

*Attending Physicians*: Dr. Emma Scott; Dr. Mary A. Clapp.

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\* Died 16 hours after operation.

## SPECIAL NOTICE.

THIRTY-FIRST ANNIVERSARY AND TWENTY-SEVENTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The Twenty-seventh Session of the American Institute of Homœopathy will be held at the International Hotel, Niagara Falls, N. Y., commencing Tuesday, June 9th, 1874, and continuing four days. The "preliminary meeting" will be held on the evening of Monday, June 8th, at the same place.

Reports and papers will be received from the following Bureaus, on the subjects indicated:

*Bureau of Materia Medica, etc.*, T. F. Allen, M. D., Chairman, 3 East Thirty-third street, New York.

*Subject's.* 1. Proving of Calabar Bean. 2. Verifications of *Lilium tigrinum*. 3. The Significance of Primary and Secondary Symptoms.

*Bureau of Clinical Medicine.* L. E. Ober, M. D., Chairman, La-Crosse, Wis.

*Subject.* Meningitis Cerebro-Spinalis.

*Bureau of Obstetrics.* J. C. Sanders, M. D., Chairman, Cleveland, O. *Subject.* Puerperal Fever.

*Bureau of Gynecology.* S. R. Beckwith, M. D., Chairman, Cincinnati, O.

*Subject.* Uterine Hæmorrhage.

*Bureau of Pædology.* T. C. Duncan, M. D., Chairman, 287 West Randolph street, Chicago, Ill.

*Subject.* Cholera Infantum.

*Bureau of Surgery.* E. C. Franklin, M. D., Chairman, 1402 Olive street, St. Louis, Mo.

*Subject.* Fractures and Dislocations.

*Bureau of Anatomy, Physiology and Hygiene.* J. D. Buck, M. D., Chairman, Cincinnati, O.

*Subject.* The Functions and Disorders of the Lymphatics.

*Bureau of Organization, Registration and Statistics.* T. S. Hoyne, M. D., Chairman, 817 Wabash ave., Chicago, Ill.

Full reports from all homœopathic medical societies, institutions, and other organizations, are requested, that a complete report may be made to the Institute.

*Bureau of Psychological Medicine.* G. W. Swazey, M. D., Chairman, Springfield, Mass.

1. Psychological Diseases in Relation to Homœopathy, by Dr. J. H. P. Frost. 2. Hospitals for the Insane, their Organization and Management, by Dr. S. Worcester. 3. Influence of the Mind in the Cure of Disease, by Dr. T. L. Brown. 4. Psychical Nosology, by Dr. Geo. F. Foote. 5. Popular Psychology, by Dr. G. W. Swazey.

*Bureau of Ophthalmology and Otology.* M. Macfarlan, M. D., Chairman, 1721 Chestnut St., Philadelphia.

*Subjects.* 1. Cataract. 2. Catarrhal Inflammation of the Middle Ear.

*Bureau of Medical Literature.* S. Lilienthal, M. D., Chairman, 230, West Twenty-fifth St., New York.

A full report on this subject will be presented.

Papers are solicited from members by the various Bureaus, especially on the subjects selected. Papers on other subjects are likewise solicited. All papers should be placed in the hands of the Chairman of Bureaus, prior to the meeting; or they may be sent to the General Secretary.

In addition to the reports of Bureaus, the following committees will render reports:—Committee on Foreign Correspondence; Committee on Colleges; Committee on a Homœopathic Dispensatory; Committee on Legislation; Committee on Climatology. There will also be presented a Necrological Report.

The Executive Committee of the Institute have reason to believe that this forthcoming meeting will be memorable as in every way one of the best and most profitable meetings of the organization. It is expected that the attendance will be very large.

Applications for membership may be had by addressing the General Secretary.

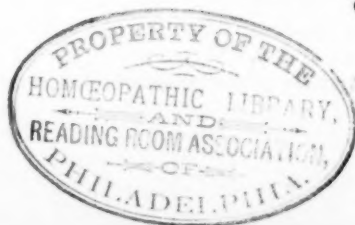
At the time of meeting, the principal Railroads will be selling "Excursion Tickets" to Niagara Falls, at reduced rates. The board at the International Hotel will be \$3.00 per diem,—a deduction of \$1.50 per day in favor of members and those accompanying them. All other expenses have by special arrangement been proportionally reduced.

The General Secretary will issue a circular on or about the 10th of May, which will contain further particulars.

ROBT. J. MCCLATCHEY,

918 N. Tenth St., Philadelphia,

*General Secretary.*



## HAHNEMANN'S BIRTHDAY.

TOMPKINSVILLE, N. Y., *April 13th, 1874.*

DEAR EDITOR,—Can you tell why the N. Y. Doctors celebrated Hahnemann's birthday *the day before*?

Allow me to give a little history regarding the correct date.

19 years ago, on the 11th April, 1855, 26 homœopathic physicians, of whom I was one, celebrated Hahnemann's 100th anniversary at his birthplace, Meissen, in the vicinity of Dresden, Saxony. We assembled in the forenoon at one of the hotels, and from there proceeded to the Royal High School, situated on a high eminence, overlooking the city. Here Hahnemann received his classical education. In the *same* hall where he delivered his remarkable treatise on the human hand on leaving school, we held the formal meeting in the presence of the teachers, scholars, and civil authorities of the city, Dr. Hirschel delivering an appropriate and eloquent oration. From thence, all except the scholars, went in procession, with music, to the house in which Hahnemann was born. Here a small tablet over the front door was uncovered and dedicated. It bears the following inscription:

*Here was born Chr. Fr. Sam. Hahnemann,  
the founder of Homœopathy,  
THE 11th APRIL, 1755.*

After this ceremony the physicians returned to the hotel to enjoy a jovial banquet. America was, on this occasion, accidentally represented by Dr. J. T. Talbot, of Boston.

Before this celebration, it was a disputed point, whether he was born on the 10th or 11th April; but the church record in Meissen proved the 11th to be the memorable day.

Respectfully yours,

G. OEHME, M. D.

["Samuel Hahnemann seems to have anticipated the interest which would be felt in the events of his life, before he had achieved such a reputation as to warrant his expecting his name to be placed on the roll of history; for among his papers he left behind him, was one, dated August, 1791, to the following effect:

"I was born on the 10th of April, 1755, in one of the fairest regions of Germany, at Meissen, in Cur-Saxony."—RUSSELL'S *History and Heroes of Medicine*, p. 383.

Was Dr. Russell unaware of the information sent us by our cor-



respondent? His *History and Heroes* was published in 1861. At the same time the author was joint editor of the *British Journal of Homœopathy*, which, in its issue for July 1855, the centennial year, contains the following :

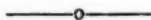
"Hitherto the 10th of April has always been considered as the birthday of the founder of Homœopathy. Hahnemann himself always celebrated his birthday on that day, and his friends and disciples all over the world have accepted the date given out by himself. But now it appears that we have all mistaken the proper date, and that the 11th of April is the correct day. We learn this perhaps not important, but curious fact, from the Baptismal Register of Meissen, given in the February number of Dr. Hirschel's *Zeitschrift*. It is to the following effect :

"CHRISTIAN FRIEDERICH SAMUEL HAHNEMANN, born on the morning of the 11th of April, 1755 ; baptized the 13th April, of the same year, by M. Junghanns.

"Father—CHRISTIAN GOTTFRIED HAHNEMANN, Painter. Mother—JOHANNA CHRISTIANA, born SPIESSIN."

Why Russell accepts Hahnemann's date unchallenged in his work we know not, but if historians slip why may not "the N. Y. Doctors?" But a brilliant idea illumines the darkness ; the Register says, "born on the morning of the 11th of April." Now the interesting event took place somewhere near 12 P. M., and as the family clock had run down, *Christian Gottfried* and *Johanna Christiana* undoubtedly differed as to the exact time. *Johanna* knew it was *before* 12, while *Christian* thought it was so near 1 it was best to make a new day of it. Sticking to his view he had the Register arranged to suit his notion ; his rib undoubtedly held her own opinion, and Christian Friederich Samuel, like a good boy, sided with his mother. How clear it is when one "reads between the lines" a little!

We trust we have set this important discrepancy at rest. Those who imagine Hahnemann's father knew best will obstinately celebrate the 11th ; sensible men, like "the N. Y. Doctors," will think the mother the better "posted," and piously banquet on the 10th.]



*To the Editors of the New York Journal of Homœopathy :*

GENTLEMEN,—I desire through the columns of your Journal to return thanks to Pond's Extract Company for their liberal donation to me of one gross of bottles of Pond's Extract of Witch-Hazel, for

gratuitous distribution through the Dispensary connected with the New York Homœopathic Medical College.

Very sincerely yours,

JOHN H. THOMPSON, M. D.,  
*Surgeon at the Dispensary.*

No. 36 East Thirtieth street,  
NEW YORK, Feb., 1874.

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### PAST AND PRESENT.

In the long-ago, the halcyon days of breeches-and-jacket copartnership, we used to sing—

“Where, oh, where, are the Hebrew children?”

Things ain’t now as they used to was, and to-day we are plaintively murmuring—

“Where, oh, where, are our Exchanges?”

True to its name, the *Advance* some time since broke in upon our solitude—alas! it is “blooming alone” on our Table. Verily, we feel all the pathos of poor A. Ward’s “Why is this thusly?”

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### CONFIDENTIAL (*Strictly*).

Parties contemplating subscribing to this Journal will learn something to our advantage by enclosing three dollars to the Publisher.

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### PERSONAL.

A. P. THROOP, M. D.—By referring to our advertising columns it will be seen that Dr. Throop, Vice-President of N. Y. County Hom. Medical Society, is to take charge of the Hygienic Institute of Dr. A. B. Smith during the coming summer. This institution, located at Geneva, one of the most picturesque and healthful towns in the State, has long been favorably known as a resort for invalids, and has undergone thorough repairs, and has been enlarged by the construction of new buildings arranged upon the newest plans for perfect ventilation and drainage. All those who desire a pleasant and healthful resort, where the best hygienic and homœopathic treatment will be combined, should remember this institution.